

1 SENATE JOINT RESOLUTION NO. 15
2 INTRODUCED BY K. GILLAN, BROWN

3
4 A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF
5 MONTANA REQUESTING AN APPROPRIATE INTERIM COMMITTEE TO STUDY THE IMPACT OF
6 MONTANA'S HEALTH CARE DELIVERY SYSTEM, INCLUDING PHYSICIAN-OWNED HEALTH CARE
7 FACILITIES AND SPECIALTY HOSPITALS, ON HEALTH CARE SERVICES IN MONTANA.

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9 WHEREAS, physicians, hospitals, and other health care providers have a long history of working in
10 concert to provide access to high-quality medical care for Montanans; and

11 WHEREAS, changes in the health care delivery system, such as the development of physician ownership
12 of health care facilities and services and of specialty hospitals, have challenged cooperation and collaboration
13 between these groups of providers; and

14 WHEREAS, concerns about these changes raise serious public policy issues that MAY affect the future
15 and financial viability of Montana's health care delivery system, including the cost of health care and providers'
16 ability to guarantee access to affordable, high-quality health care; and

17 WHEREAS, the Montana Legislature in 2005 approved a moratorium on licensure of new specialty
18 hospitals for the purpose of giving the United States Congress time to address nationwide concern about the
19 impact of specialty hospitals; and

20 ~~WHEREAS, Congress has expressed an interest in examining these issues during its 2007-08 session.~~

21 WHEREAS, SOME MEMBERS OF CONGRESS, AS WELL AS SOME MEMBERS OF THE MONTANA LEGISLATURE, HAVE
22 INDICATED AN INTEREST IN FURTHER EXAMINATION AND STUDY OF THESE ISSUES DURING THE BIENNIUM.

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24 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE
25 STATE OF MONTANA:

26 That the Legislative Council be requested to designate an appropriate interim committee or statutory
27 committee, pursuant to section 5-5-217, MCA, or direct sufficient staff resources to:

- 28 (1) ~~analyze the impact of physician-owned health care facilities and specialty hospitals, as defined in the~~
29 ~~introduced version of Senate Bill No. 417 in the 60th Legislature, on Montana's health care system~~ STUDY AND
30 ANALYZE THE IMPACTS OF VARIOUS MODELS FOR THE DELIVERY OF HEALTH CARE SERVICES ON THE COST OF HEALTH



1 CARE, THE QUALITY OF CARE, AND ACCESS TO HEALTH CARE SERVICES, including but not limited to:

2 (a) the percentage of Medicare, Medicaid, private pay, and charity and uncompensated care that these
3 ~~facilities~~ HEALTH CARE FACILITIES, AS DEFINED IN 50-5-101, provide compared to the percentage provided by
4 nonprofit, community-based hospitals;

5 (b) the range of services ~~that these facilities provide~~ PROVIDED BY PHYSICIAN-OWNED AND PRIVATELY OWNED
6 HEALTH CARE FACILITIES AND SPECIALTY HOSPITALS AND THE BENEFITS AND IMPACTS OF THOSE SERVICES compared
7 to the services provided by nonprofit, community-based hospitals; ~~and~~

8 ~~—— (c) the impact on a community's health care safety net of the diversion of services and resources away~~
9 ~~from nonprofit, community-based hospitals to specialty hospitals or special-service facilities;~~

10 (C) THE COMPARATIVE COST OF SERVICES RENDERED BY THE PRIVATE FACILITIES AND SPECIALTY HOSPITALS
11 COMPARED TO THE NONPROFIT, COMMUNITY-BASED HOSPITALS; AND

12 (D) THE COMPARATIVE IMPACT ON A COMMUNITY'S HEALTH CARE SAFETY NET OF THE OPERATIONS OF HEALTH
13 CARE PROVIDERS IN EACH OF THE CATEGORIES IN SUBSECTION (1)(C);

14 (2) identify the number and operating characteristics of nonprofit, community-based hospitals;
15 physician-owned hospitals and physician-owned health care facilities; and nonhospital, for-profit facilities that
16 perform surgical, imaging, and diagnostic procedures, including those owned jointly with hospitals; and

17 (3) analyze and develop public policy recommendations ASSOCIATED WITH MONTANA'S HEALTH CARE
18 DELIVERY SYSTEM AND MONTANA'S HEALTH CARE CONSUMERS for consideration by the 61st Legislature, including
19 but not limited to:

20 (a) physician self-referral, which means referral for medical treatment by a physician to a facility in which
21 the referring physician has an ownership interest;

22 (B) THE INCREASE IN HOSPITAL-EMPLOYED PHYSICIANS;

23 ~~(b)(c)~~ physician credentialing, or the process that hospitals use for granting privileges to physicians to
24 practice in their facilities, INCLUDING USE OF HOSPITALS BY PHYSICIANS WHO MAY BE IN COMPETITION WITH THAT
25 HOSPITAL; and

26 ~~(c)(d)~~ whether a need exists to impose or continue moratoriums on specialty hospitals;

27 ~~(d)(e)~~ QUALITY OF CARE FOR PATIENTS;

28 ~~(e)(f)~~ QUALITY IMPROVEMENT AND COST CONTAINMENT INITIATIVES; AND

29 ~~(f)(g)~~ HEALTH INFORMATION TECHNOLOGY;

30 (H) HEALTH CARE COSTS AND WAYS TO REDUCE THOSE COSTS; AND

